

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 01, 2004 8:00 am
Secretary of State

06-01-2004 90750 029 ****50.00

DOCUMENT # L03000012976					
1. Entity Name MY HOME, LLC					
Principal Place of Business 2633 LANTANA ROAD, SUITE #40 LANTANA, FL 33462			Mailing Address 2633 LANTANA ROAD, SUITE #40 LANTANA, FL 33462		
2. Principal Place of Business 4759 Poseidon Place Suite, Apt. #, etc.		3. Mailing Address 4759 Poseidon Place Suite, Apt. #, etc.			
City & State Lake Worth		City & State Lake Worth			
Zip 33463		Country USA		Zip 33463	
Country USA		4. FEI Number 02-0686862			
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name: Joseph Kemper Street Address (P.O. Box Number is Not Acceptable): 4759 Poseidon Place City: Lake Worth, FL 33463		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Joseph C. Kemper</i> <small>Signature typed or printed name of registered agent and title if applicable.</small>		DATE 5-27-04 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE MGR NAME KEMPER, JOSEPH C STREET ADDRESS 2633 LANTANA ROAD, SUITE #40 CITY-ST-ZIP LANTANA, FL 33462	<input type="checkbox"/> Delete		TITLE MGR NAME Kemper, Joseph C. STREET ADDRESS 4759 Poseidon Place CITY-ST-ZIP Lake Worth, FL 33463	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME KEMPER, KATHRYN Q STREET ADDRESS 2633 LANTANA ROAD, SUITE #40 CITY-ST-ZIP LANTANA, FL 33462	<input type="checkbox"/> Delete		TITLE MGR NAME Kemper, Kathryn Q. STREET ADDRESS 4759 Poseidon Place CITY-ST-ZIP Lake Worth, FL 33463	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>Joseph C. Kemper</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE 5-27-04 DAYTIME PHONE # (561) 967-1065		